

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 16, 2017

Ms. Ashley Hudson,
Four Seasons Care Home, Inc
135 South Main Street
Northfield, VT 05663-5603

Dear Ms. Hudson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 7, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0129	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/07/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FOUR SEASONS CARE HOME, INC

135 SOUTH MAIN STREET
NORTHFIELD, VT 05663

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on site complaint investigation was completed by the Division of Licensing and Protection on 12/7/16. The findings include the following:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview the facility failed to develop a written plan of care for each resident describing the care and services necessary to assist the resident to maintain independence and well-being for 1 of 3 sampled residents. (Resident #2) The findings include the following: 1. Per record review for Resident #2, physician progress notes dated 7/26/16 identify a contracture of the left hand and fingers, only painful with movement, s/he does move around in a spastic manner and does not bear weight. Coordination is abnormal. Per observation during breakfast, the resident is sitting at the dining room table with a seat belt attached to the wheel chair. Observation of a contracture to Resident #2's left hand and fingers with a piece of fleece in	R145	* please see attached *	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Courtneigh Tabor RN

Administrator

01/13/17

STATE FORM

6859

F13N11

If continuation sheet 1 of 9

R145 - R266 POC's accepted 2/16/17 M.Bertrand RN

Division of Licensing and Protection

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R145	Continued From page 1 hand. Per interview with the RN manager confirmation is made that the resident has a seat belt in place for positioning, there is no physician order for the device and the care plan does not identify the positioning device, or the use of the fleece.	R145			
R146 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (3) Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate; This REQUIREMENT is not met as evidenced by: Based on observation, policy review and staff interview the facility failed to ensure that all direct care staff have instruction and supervision on delegated tasks assigned, as it relates to medication administration/assistance. The findings include the following: 1. Per observation with the Medication Technician during the 8 AM medication pass for the administration of subcutaneous injection of Insulin, the following was observed. Insulin pens were prepared at the medication cart. H/She sanitized his/her hands, applied gloves, gathered supplies into a basket and proceeded to administer subcutaneous insulin to four (4) different residents in the dining room. The Medication Technician did not wash or sanitize his/her hands in between residents nor did s/he wear gloves for each administration.	R146			

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R146	<p>Continued From page 2</p> <p>2. Per observation with the Medication Technician at approximately 8:30 AM for the oral medication pass, the following was observed. Medications had been prepared by the technician at 6 AM. S/He retrieved the prepared medications, proceeded to take a capsule of Prilosec apart with her bare hands and spilled the contents into a cup for administration. S/he proceeded to assisted with the administration of medications in the dining room and resident rooms. S/He approached each resident respectfully, shook hands, appropriately knocked on doors and carried glasses of water (used and unused) by holding onto the tops of the glasses. The Medication Technician assisted residents into proper sitting positions. No hand washing or sanitation took place from resident to resident or from one location to the other. Confirmation was obtained by the Medication Technician at 10 AM that she did not utilize proper hand washing technique in any of the above noted medication administrations nor did s/he wear gloves when taking apart the Prilosec capsule or administering injectable Insulin.</p> <p>Per review of Medication Policies and Procedures, the Registered Nurse will teach designated staff the proper technique of medication administration; appropriate information about the resident's condition and relevant medications; evaluation of staff performance/competence; documenting each individual's progress and successful completion of medication administration program.</p> <p>Per review of the Medication Administration and Observation form identifies the following:</p> <p>3. Staff washes hands prior to administering medications;</p> <p>12. Injections are administered per facility</p>	R146			

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R146	Continued From page 3 policy: d. Hands are cleaned before and after injections; 26. If there is a need to touch medication it is with a gloved hand only. Per review of infection prevention in-service information identifies the following: d. Negative infection control findings: touching medications with bare hands, failure to wash before, during and following care procedures and touching of resident food and/or residents clothing when serving without sanitizing before continuing to serve others.	R146		
R153 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to monitor the stability of each resident's weight for 4 of 5 residents, (Resident #1, #2, #4 and #5). The findings include the following: Per telephone conversation on 12/8/16 at approximately 2:45 PM the facility manager confirms that the four (4) listed residents below are not weighed because the facility does not have a scale to accommodate their non-weight bearing status. Physician orders are obtained for all non-weight bearing residents to discontinue monthly weights.	R153		

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R153	Continued From page 4 1. Per medical record review for Resident #1, the resident is able to stand with the assistance of a rolling walker and two assistants, but has a physician order to discontinue weights due to non-weight bearing status. 2. Per record review for Resident #2, the resident is non-weight bearing and is transferred via mechanical lift. A Physician order dated 10/15/15 directs staff to discontinue weights due to no appropriate scale for non-weight bearing residents. 3. Per record review for Resident #3, a physician order directs staff to discontinue weights due to no appropriate scale for non-weight bearing residents. 4. Per record review for Resident #4, s/he has a physician order directing staff to discontinue weights due to no appropriate scale for non-weight bearing residents.	R153			
R155 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation, policy review and staff interview the facilities Registered Nurse failed to assume responsibility for staff performance in the administration or or assistance with resident	R155			

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R155	<p>Continued From page 5</p> <p>medication in accordance with the home's policy. The findings include the following:</p> <ol style="list-style-type: none"> 1. Per observation with the Medication Technician during the 8 AM medication pass for the administration of subcutaneous injection of Insulin, the following was observed. Insulin pens were prepared at the medication cart. H/She sanitized his/her hands, applied gloves, gathered supplies into a basket and proceeded to administer subcutaneous insulin to four (4) different residents in the dining room. The Medication Technician did not wash or sanitize his/her hands in between residents nor did s/he wear gloves for each administration. 2. Per observation with the Medication Technician at approximately 8:30 AM for the oral medication pass, the following was observed. Medications had been prepared by the technician at 6 AM. S/He retrieved the prepared medications, proceeded to take a capsule of Prilosec apart with her bare hands and spilled the contents into a cup for administration. S/he proceeded to assisted with the administration of medications in the dining room and resident rooms. S/He approached each resident respectfully, shook hands, appropriately knocked on doors and carried glasses of water (used and unused) by holding onto the tops of the glasses. The Medication Technician assisted residents into proper sitting positions. No hand washing or sanitation took place from resident to resident or from one location to the other. Confirmation was obtained by the Medication Technician at 10 AM that she did not utilize proper hand washing technique in any of the above noted medication administrations nor did s/he wear gloves when taking apart the Prilosec capsule or administering injectable Insulin. 	R155			

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R155	Continued From page 6 Per review of Medication Policies and Procedures, the Registered Nurse will teach designated staff the proper technique of medication administration; appropriate information about the resident's condition and relevant medications; evaluation of staff performance/competence; documenting each individual's progress and successful completion of medication administration program. Per review of the Medication Administration and Observation form identifies the following: 3. Staff washes hands prior to administering medications; 12. Injections are administered per facility policy: d. Hands are cleaned before and after injections; 26. If there is a need to touch medication it is with a gloved hand only. Per review of infection prevention in-service information identifies the following: d. Negative infection control findings: touching medications with bare hands, failure to wash before, during and following care procedures and touching of resident food and/or residents clothing when serving without sanitizing before continuing to serve others.	R155			
R213 SS=D	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.	R213			

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R213	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed provide adequate privacy for 2 of 3 sampled residents. For residents #1 and #2 the findings include the following: Per observation during the facility tour of a shared bedroom for Resident #1 and #2, the room was found to have no privacy curtains in place to utilize during personal care. Per observation of Resident #1 being assisted out of bed by two Resident Care Attendants (RCA), with Resident #2 present in bed facing Resident #1. There are no privacy curtains in the room to visually protect one resident from the other. After care was provided, Resident #1 was removed from the room. Confirmation was made by Administration that there are no privacy curtains or tracking available in the room occupied by Resident #1 and #2.	R213			
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff	R266			

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R266	Continued From page 8 interview the facility failed to ensure that the home is maintained to provide a safe, sanitary and comfortable environment for 2 of 3 sampled residents. (Resident #1 and #2.) The findings include the following: Per observation a room shared by two residents (Resident #1 and #2), was found to have no privacy curtains in place to utilize during personal care, peeling paint on the walls, a ceiling tile that is not secure and falling from one side, a ceiling florescent light fixture that is not covered with bulbs exposed and chipped floor tiles. A wall outlet adjacent to a common bathroom/living room was found to be without a plate cover. The outlet is at knee level and an electric shaver was charging at the time. Confirmation was made by Administration that all of the above are known to be in need of replacement and/or repair.	R266			

R145

Resident #2 wears a lap belt while seated for meals at the table in her wheelchair. She is otherwise bed bound. This was not identified in her most recent care plan. Nursing has worked diligently with her provider in an effort to ensure that she is not only safe, but also comfortable while seated in her wheelchair. PT and OT from outside agencies have come to evaluate her. Several items (cushions, bolsters, dicem) were trialed but to no avail. Because of her spastic movements and her inability to bend much at the waist, the decision was made to use the lap belt to maintain her in an appropriate seated position to eat. Again, resident #2 is bedbound except for meals when she is in the presence of a staff member and is fed. Our understanding of the requirement for a doctor's order is that the orders are required only for the purpose of restraining someone. Non-the-less, we have obtained an order from the provider to use a lap belt for positioning (completed 1/11/17) in her wheelchair and have clearly identified such in her care plan. Moving forward, we will make sure there is an order for a lap belt when/if one is needed. **Nursing will oversee this. (completed 1/12/17)**

R146/R155

In regards to the medication technician not sanitizing or gloving her hands when insulin administration, we have addressed this concern directly with this individual. At the time of survey she shared with the surveyor that she did wrong and knew what "to do and not do." ****We will also do the following in an effort to make sure the medication technicians have no doubts relating to medication administration and insulin administration: the medication administration and insulin administration policies have been reviewed and updated. We have scheduled a mandatory staff meeting specifically for the staff that hold medication delegation responsibilities. **(completed 1/19/17)** All med delegated staff will be audited by an RN annually. This staff member was audited by J. Peake, RN on 8/3/16 and found to be proficient in this area. We will also include more job specific training in an annual infection control inservice. **Staff education nurse will be responsible to review all med technicians and do annual audits.**

All of our medication technicians should be well aware of our policy regarding touching medications. This is addressed not only in our policy, but is gone over annually when they are audited (which occurred for this individual on 8/3/16). All staff are to wear gloves if/when the need arises to touch a medication. Again, as mentioned above, we will be reviewing our infection control policy and putting more emphasis on infection control in our orientation and mandatory annual inservices. When these concerns were discussed with this individual, she was aware of her wrong-doings and claimed she made mistakes because she was rushing and nervous due to being observed by the surveyor.

R153

Items numbered 1-4. Resident #3 is inaccurate. She is the resident who has had a 9 lb weight loss in one year and remains considered overweight according to the BMI chart. Our facility does have a handful of individuals that are unable to be weighed, however—not simply because they are of non-weight bearing status. Resident #1 and #4 can bear weight adequately but cannot comprehend and/or stand steady long enough unassisted to get accurate and consistent weights. Because weight loss is expected and their conditions will only deteriorate, nursing had acquired orders from their providers to

discontinue the need for routine weights. Just as with hospice or palliative care patients, we feel that it is unnecessary and inconsequential to monitor weights in individuals with end-stage disease. Given the providers were in agreement and we had signed orders saying that weights were not necessary, we felt that our bases were covered. Resident #2 is of non-weight bearing status and is transferred via mechanical lift. This patient has advanced MS and all needs are anticipated and met by staff. Resident is on Ensure Plus TID. This residents PCP and nursing have felt that we are doing everything feasible for this individual and that again, her weight is insignificant, as there is nothing more that can be done for her. None the less, we have purchased and now have a digital chair scale to allow us to obtain these weights. **(completed 1/25/17)** We will now, unless a resident refuses or is on hospice care, will obtain monthly weights on all who reside within the facility. **This will be overseen by nursing.**

R213/R266

The Four Seasons has been in operation since 1980. We have 9 shared rooms. We are well aware of resident's rights. We do not feel that their rights have been violated in any manner. We have asked each resident personally if they feel violated in any manner and they do not. They have clearly voiced that they do not feel that their privacy has been invaded. They have shared the same space with each other since at least 2013 when we took over. We have however, purchased and installed a privacy screen to place between them. **(completed 12/19/16)** Typically residents who share a room are on the second floor and can leave their room ad-lib. In instances where one would need physical assistance to leave their room to accommodate added privacy, **nursing will oversee and care plan around potential need for a privacy screen.**

R266

In regards to the physical plant: We purchased the business/building in June of 2015. Prior to purchasing the business we were well aware that the building needed a significant amount of work. The square footage of the Four Seasons is approximately 10,000 square feet. Since purchasing the facility we have painted roughly 3500 sq feet. We have replaced all of the old square tiles in the main living and common areas on the first floor which was extremely costly. There are a number of upgrades that have occurred since ownership. Our plan is to continue to make upgrades throughout the facility as time and funds allow. Replacing flooring in bedrooms will be a slow process because we will not be replacing floors in occupied rooms, rather we will wait for a room to be vacant. We also have replaced all the old ceiling tiles in the common areas that were in disrepair. This too, was extremely costly. The room shared by resident #1 and #2 has never been empty. We do not feel that the small chip in the floor tile or peeling paint poses any risk to our residents. They are both wheelchair bound and all mobility is done by staff. The ceiling is nearly 10 feet high, so the missing cover did not pose a safety hazard in our opinion. However, the light fixture has been replaced. **(completed 12/16/2016)** The ceiling tile near the light fixture has been secured. **(completed 12/19/2016)** The floor tile has been removed and replaced. **(completed 12/19/16)** The missing outlet cover missing was a result of having recently painted that area and we neglected to reinstall the cover when the paint was dry. The outlet cover was replaced at the time of inspection. **(completed 12/7/2016)** We currently operate as being funded at 94% Medicaid. Given that percentage, it will be many years before all of the necessary repairs are completed. That

being said, if and when the repairs or physical plant pose even the slightest risk to our residents, the problem will be rectified immediately. **This will be overseen by owners.**